

NO ACTION WILL BE TAKEN AND  
THE FORM RETURNED IF NOT  
PROPERLY COMPLETED AND  
SIGNED.

APPLICATION FOR UNEMPLOYMENT INSURANCE

PART I - IDENTIFICATION AND TYPE OF EMPLOYMENT

EMPLOYER RESERVE ACCOUNT

1. Business Name & Mailing Address:

UI-1 (R. 06/91) (V-3)

Legal Entity Name \_\_\_\_\_

Business Name \_\_\_\_\_

(To be completed by all employers)

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

Fax # ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail \_\_\_\_\_

3. Federal Employer ID \_\_\_\_\_

4. If you have previously been assigned an Unemployment Insurance Number, enter it here: \_\_\_\_\_

5. Check type of employment and complete remainder  
Of form as indicated.

\_\_\_\_\_ Acquired all or part of an existing business - Parts II and VI

\_\_\_\_\_ New Business Employer - Parts II and III

\_\_\_\_\_ Domestic Employer - Parts II and IV

\_\_\_\_\_ Agricultural Employer - Parts II and V

\_\_\_\_\_ New 501(c)(3) Non-Profit Employer - Part I Only\*

\_\_\_\_\_ Governmental Entity - Part I Only\*

\_\_\_\_\_ Resumed Employment - Part II  
Enter Date Employment Resumed: \_\_\_\_\_

\* Form UI-1S will be sent to you upon return of this form.

PART II - GENERAL INFORMATION

6. Describe **MAJOR** Business Activity **IN KENTUCKY** (BE SPECIFIC)

(a) ☐ Retail Trade (Product) \_\_\_\_\_

(b) ☐ Service (Type) \_\_\_\_\_

(c) ☐ Construction (Type) \_\_\_\_\_

☐ Residential ☐ Non-residential

(d) ☐ Information/Publishing/Broadcasting/Internet \_\_\_\_\_

(e) ☐ Finance/Insurance/Real Estate (Product) \_\_\_\_\_

(f) ☐ Transportation/Communication/Utilities (Type) \_\_\_\_\_

(g) ☐ Agricultural (Type) \_\_\_\_\_

(h) ☐ Wholesale Trade (Product) \_\_\_\_\_

(i) ☐ Manufacturing (Product) \_\_\_\_\_

(j) ☐ Mining (Product) \_\_\_\_\_

(k) ☐ Other (Explain) \_\_\_\_\_

7. Is this establishment primarily engaged in performing services for other units or locations for this company? ☐ YES ☐ NO

If "YES", indicate the nature of activity of this establishment:

(a) ☐ Central Administrative Office

(b) ☐ Research, development or testing

(c) ☐ Storage (warehouse)

(d) ☐ Other (specify) \_\_\_\_\_

8. Identification of Owner, Partners (General or Limited), Corporate Officers, Members, etc. (Attach additional sheet if necessary)

SOCIAL SECURITY NUMBER	FIRST NAME	M.I.	LAST NAME	TITLE	TELEPHONE NO.	RESIDENCE ADDRESS

9. Name, Mailing Address and Telephone Number of person with payroll records (if different from above):

10. Type of Organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLP ☐ LLC ☐ Other \_\_\_\_\_

11. Provide the following information for each establishment or location in Kentucky:

Physical Location of Business in Kentucky (Street, City, Zip Code)

County

No. of Workers

(If no physical location, please provide home address of employee or work site **in Kentucky**.)

☐ Check here if you wish to file a separate wage and tax report for each location.

12. Prior to beginning employment in Kentucky, were you subject in the current or preceding year under the unemployment compensation law of any other state? ☐ YES ☐ NO If "YES", what State: \_\_\_\_\_

PART III - NEW BUSINESS EMPLOYMENT (Do not include agricultural or domestic employment!) (INCLUDE CORPORATE OFFICERS!)

13. Date on which you first employed a worker in Kentucky (month, day, year): \_\_\_\_\_

14. Date you first paid wages in Kentucky (month, day, year): \_\_\_\_\_

15. Have you or do you expect to have a quarterly payroll of at least \$1,500.00? ☐ YES ☐ NO

If "YES" in what month and year did (or will) this first occur? Month \_\_\_\_\_ Year \_\_\_\_\_

16. Have you or do you expect to employ at least one worker in 20 different calendar weeks during a calendar year? ☐ YES ☐ NO

If "YES" in what month and year did (or will) the 20th week occur? Month \_\_\_\_\_ Year \_\_\_\_\_

Signature: I hereby affirm that I am authorized to sign this report on behalf of the indicated employer, and further affirm that the information provided herein is complete and accurate to the best of my knowledge. I understand that I may be subject to the full penalty of the law for knowingly making a false statement (KRS 341.990).

SIGNATURE

TITLE

DATE

**PART IV - DOMESTIC (HOUSEHOLD) EMPLOYMENT**

17. Date on which you first employed a worker in domestic employment in Kentucky (month, day, year): \_\_\_\_\_
18. Have you or do you expect to have a quarterly domestic (household) payroll of at least \$1,000.00? ☐ YES ☐ NO  
If yes, in what month and year did (or Will) this first occur? Month \_\_\_\_\_ Year \_\_\_\_\_

**PART V - AGRICULTURAL EMPLOYMENT (INCLUDE CORPORATE OFFICERS!)**

19. Date on which you first employed a worker in agricultural employment in Kentucky (month, day, year): \_\_\_\_\_
20. Have you or do you expect to have a quarterly agricultural payroll of at least \$20,000.00; or, have you or do you expect to employ at least 10 agricultural workers in 20 different weeks during a calendar year? ☐ YES ☐ NO  
If yes, in what month and year did (or will) this first occur? Month \_\_\_\_\_ Year \_\_\_\_\_

**PART VI - ACQUISITION OF EXISTING BUSINESS** - To be completed by both the transferring and acquiring parties.

21. ENTER DATE OF TRANSFER AND STATUS OF OWNERSHIP PRIOR TO TRANSFER

DATE OF TRANSFER	EMPLOYER NO.	FEDERAL NO.
Names of Owner/s or Officer/s Phone ( )	TYPE OF OWNERSHIP Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other ( <i>Explain</i> ) <input type="checkbox"/>	REASON FOR CHANGE Sold..... <input type="checkbox"/> Leased..... <input type="checkbox"/> Lease Reverted..... <input type="checkbox"/> Other ( <i>Explain</i> )..... <input type="checkbox"/>
Trade or Business Name & Address		TYPE OF CHANGE Transferred in Entirety (ALL KY OPERATIONS)... <input type="checkbox"/> (Complete #22 - Both Parties Must Sign)
		Transferred in Part..... <input type="checkbox"/> (Complete #22, 23, 24, 25 & 26 - Both Parties Must Sign)

22. ENTER DATA FOR NEW OWNERSHIP

NAME	EMPLOYER NO.	FEDERAL NO.
Name, Address & S.S. # of Owner/s or Officer/s	TYPE OF OWNERSHIP Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other ( <i>Explain</i> ) <input type="checkbox"/>	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE
Location of Business in Kentucky (Street, City, Zip Code) Phone ( )		Principal Activity Principal Product

23. ENTER DATA FOR RETAINED PORTION

NAME	EMPLOYER NO.	FEDERAL NO.
Name, Address & S.S. # of Owner/s or Officer/s	TYPE OF OWNERSHIP Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other ( <i>Explain</i> ) <input type="checkbox"/>	TRADE OR BUSINESS NAME, ADDRESS & ZIP CODE
Location of Business in Kentucky (Street, City, Zip Code) Phone ( )		Principal Activity Principal Product

24. Portion of prior owner/operator's reserve account to be transferred: \_\_\_\_\_ %
25. Percentage of reserve transferred must be based on payroll or number of employees transferred. Please indicate which basis has been used. \_\_\_\_\_
26. Predecessor's date of first employment for transferred portion. \_\_\_\_\_

Signature & Title of Transferor or  
Disposing Employer Shown in **Part 1**  
(Owner or Officer)

Signature & Title of Transferee or  
Acquiring Employer Shown in **Part 2**  
(Owner or Officer)

Date